## 809957

Edwin J. Simcox
Secretary of State of Indiana
155 State House
Indianapolis, Indiana 46204
317-232-6576

INSTRUCTIONS:

## Corporations Only

This certificate must first be recorded in the office of the County Recorder of each county in which a place of business or office is located. A copy of the certificate, certified by the County Recorder, must be filed with the Secretary of State.

Fee for filing with the Secretary of State:

\$20.00

or

\$26.00 (if a certificate issued by the Secretary of State is desired)

## CERTIFICATE OF ASSUMED BUSINESS NAME

1.	Name of the Corporation Core-Mark Distributors, Inc.
2.	Date of XXXXXXXXXXXAAdmission June 6 , 1985
3.	Principal Office Address of the Corporation 1800 North Vine
	Hollywood, CA 90028
4.	Assumed Business Name Kaplan Distributors
5.	Address at which the Corporation will do business under the assumed business name
	8880 Mississippi Street, Merrillville, Indiana 46410
	* Millera D. STE TIES
(Wr	itten Signature of Officer) (Title of Officer) President (Title of Officer)
_An (Pr	thony S. Regensburg Inted Name of Officer)
	me series me series de la companya del companya de la companya del companya de la
STA	TE OF
COU	NTY OF Los Angeles
Subscribed and sworn or attested to before me, this 17 day of June	
19_	85.
	Kunn Aslemolew
	Notary Public
My 1	Notarial Commission Expires: May 4, 1987  WYRMA J. WEINSTEIN
Му	County of Residence is: Los Angeles NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN
	LOS ANGELES COUNTY My Commission Exp. May 4, 1987
	Termination of the second of t
T. 3	Rudolph Clay , Recorder of Lake County,
State of Indiana certify that the foregoing is a true copy of the Certificate of Assumed	
Bus	iness Name recorded in my office on the 3rd day of July , 19 85
	Kild Cli
	Recorder 72x

(IND. - 1179 - 3/22/84)